

County: Lincoln  
RIVERVIEW REHAB/CARE CENTER  
428 NORTH 6TH STREET

Facility ID: 7700

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TOMAHAWK 54487 Phone: (715) 453-2511

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 64

Total Licensed Bed Capacity (12/31/00): 64

Number of Residents on 12/31/00: 58

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

No

Yes

59

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.8
Supp. Home Care-Personal Care	No					1 - 4 Years		48.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.6	More Than 4 Years		19.0
Day Services	No	Mental Illness (Org./Psy)	44.8	65 - 74	3.4			-----
Respite Care	No	Mental Illness (Other)	5.2	75 - 84	25.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	15.5	65 & Over	91.4	-----		
Transportation	No	Cerebrovascular	20.7		-----	RNs		14.7
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		5.9
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	10.3	Male	39.7	Aides & Orderlies		
Provide Day Programming for Developmentally Disabled	No		100.0	Female	60.3	38.2		
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					100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	2	4.3	\$106.99	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	3.4%
Skilled Care	2	100.0	\$168.30	34	73.9	\$91.96	0	0.0	\$0.00	6	60.0	\$132.48	0	0.0	\$0.00	42	72.4%
Intermediate	---	---	---	10	21.7	\$76.94	0	0.0	\$0.00	4	40.0	\$126.68	0	0.0	\$0.00	14	24.1%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		46	100.0		0	0.0		10	100.0		0	0.0		58	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%	One Or Two Staff		
Private Home/No Home Health	9.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	1.4	Bathing	3.4	79.3	17.2	58
Other Nursing Homes	5.5	Dressing	17.2	63.8	19.0	58
Acute Care Hospitals	78.1	Transferring	29.3	53.4	17.2	58
Psych. Hosp. -MR/DD Facilities	1.4	Toilet Use	22.4	60.3	17.2	58
Rehabilitation Hospitals	0.0	Eating	77.6	19.0	3.4	58
Other Locations	4.1	*****				
Total Number of Admissions	73	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		8.6	Receiving Respiratory Care	3.4
Private Home/No Home Health	20.8	Occ/Freq. Incontinent of Bladder		60.3	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	9.1	Occ/Freq. Incontinent of Bowel		43.1	Receiving Suctioning	0.0
Other Nursing Homes	10.4				Receiving Ostomy Care	0.0
Acute Care Hospitals	14.3	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp. -MR/DD Facilities	1.3	Physically Restrained		0.0	Receiving Mechanically Altered Diets	34.5
Rehabilitation Hospitals	0.0					
Other Locations	5.2	Skin Care			Other Resident Characteristics	
Deaths	39.0	With Pressure Sores		1.7	Have Advance Directives	100.0
Total Number of Discharges		With Rashes		3.4	Medications	
(Including Deaths)	77				Receiving Psychoactive Drugs	0.0

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**Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities**

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	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.2	80.4	1.15	85.4	1.08	84.1	1.10	84.5	1.09
Current Residents from In-County	51.7	74.2	0.70	72.9	0.71	76.2	0.68	77.5	0.67
Admissions from In-County, Still Residing	11.0	19.0	0.58	21.3	0.51	22.2	0.49	21.5	0.51
Admissions/Average Daily Census	123.7	135.3	0.91	101.3	1.22	112.3	1.10	124.3	1.00
Discharges/Average Daily Census	130.5	137.7	0.95	101.3	1.29	112.8	1.16	126.1	1.04
Discharges To Private Residence/Average Daily Census	39.0	57.0	0.68	37.6	1.04	44.1	0.88	49.9	0.78
Residents Receiving Skilled Care	75.9	89.4	0.85	89.6	0.85	89.6	0.85	83.3	0.91
Residents Aged 65 and Older	91.4	95.9	0.95	93.4	0.98	94.3	0.97	87.7	1.04
Title 19 (Medicaid) Funded Residents	79.3	71.6	1.11	69.0	1.15	70.1	1.13	69.0	1.15
Private Pay Funded Residents	17.2	19.0	0.91	23.2	0.74	21.4	0.81	22.6	0.76
Developmentally Disabled Residents	0.0	1.2	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	50.0	35.9	1.39	41.5	1.20	39.6	1.26	33.3	1.50
General Medical Service Residents	10.3	18.2	0.57	15.4	0.67	17.0	0.61	18.4	0.56
Impaired ADL (Mean)	43.1	47.3	0.91	47.7	0.90	48.2	0.90	49.4	0.87
Psychological Problems	0.0	45.0	0.00	51.3	0.00	50.8	0.00	50.1	0.00
Nursing Care Required (Mean)	5.4	6.7	0.80	6.9	0.78	6.7	0.80	7.2	0.75